

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>OSWear</i>		
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>A-S</i>	<i>943</i>	<i>7-30-1</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>CC</i>	<i>1114</i>	<i>01-10-02</i>

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	
1	3/12/02
2	3/19/02
3	3/20/02
4	3/20/02
5	3/20/02
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8	3/20/02
9	3/20/02
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If more than 150 claims or 10 actions  
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85  
2/1/02